

# OBSERVATION LOG FOR APPLICANTS FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND/OR AUDIOLOGY ASSISTANT

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**CMR 260:** Applicants who apply for licensure as a Speech-Language Pathology Assistant or Audiology Assistant must have completed 20 hours of observation of clinical practice with a licensed Speech-Language Pathologist or Audiologist.

## ACTIVITY CODES

1. Screenings: Speech, Language or Hearing
2. Assessment: Administration of formal and informal procedures
3. Treatment: Implementation of treatment program
4. Treatment: Carry over activities

DATE OF SESSION	LENGTH OF SESSION	ACTIVITY CODE (SEE ABOVE)	NAME OF OBSERVED CLINICIAN	SIGNATURE	MASS. LICENCE #

*Please send the original to the Board of Registration of Speech-Language Pathology and Audiology and retain a copy for your records.*